

Enrollment Workgroup
Draft Transcript
December 8, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good morning, everybody, and welcome to the Enrollment Workgroup. This is a Federal Advisory Committee workgroup, so there will be opportunity at the end of the call for the public to make comment.

Let me do a quick roll call. Sam Karp?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

I'm not sure Aneesh is going to be joining at this very moment. Paul Eggerman?

Paul Eggerman – Software Entrepreneur

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Cris Ross? Jim Borland? Jessica Shahin? Stacy Dean? Steve Fletcher?

Steve Fletcher – State of Utah – Chief Information Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Reed Tuckson? Walt Sedlazeck for Ronan Rooney?

Walt Sedlazeck – Curam

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Rob Restuccia? Bob Arndt for Ray Baxter?

Bob Arndt – Kaiser Permanente

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Gopal Khanna? Ruth Kennedy? Anne Castro?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Oren Michels?

Jack Irby – Benelicious – CTO and Founder

Jack Irby for Oren Michels.

Judy Sparrow – Office of the National Coordinator – Executive Director

Wilfried Schobeiri?

Wilfried Schobeiri – InTake1

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Terri Shaw?

Terri Shaw – Children’s Partnership – Deputy Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Sally Milam?

Sallie Milam – State of West Virginia – Chief Privacy Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Dave Molchany? Eli Stouge?

Sarah Nolan

This is Sarah Nolan for Eli.

Judy Sparrow – Office of the National Coordinator – Executive Director

Bryan Sivak?

Bryan Sivak – Government of D.C. – Chief Information Officer

I’m here. I can only stay for about a half-hour, just wanted to let you know.

Judy Sparrow – Office of the National Coordinator – Executive Director

Kristen Ratcliff?

Kristen Ratcliff – ONC

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Bobbie Wilbur?

Bobbie Wilbur – Social Interest Solutions – Co-Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Julie Rushin? Did I leave anyone off?

Julie Rushin – Internal Revenue Service – Deputy CIO

Julie Rushin here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Did I leave anyone off?

Tom Schankweiler – HHS – Chief Information Security Officer

Tom Schankweiler is here.

Claudia Page – Social Interest Solutions – Co-Director

Claudia Page.

Judy Sparrow – Office of the National Coordinator – Executive Director

All right, Sam. I'll turn it to you.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good morning, everyone. Welcome to the tenth meeting of the Enrollment Workgroup, as our second phase of work continues. I know it's a really busy time of the year, and appreciate everyone's continued active participation. As some people have said, they have limited time this morning, so I don't want to rush through our agenda, but I will ask each of our tiger team leads to kind of be aware that we're going to lose some people.

I want to mention that for those of you who were not able to attend the November 12th public hearing or were not able to be on the call, we sent out some extemporaneous summary notes from comments that I made at the end of each of the panels of enrollment, IT vendors, and Medicaid directors. There's also a full transcript of the public hearing—actually of all of our past meetings—on the ONC Website. There's a section under the Enrollment Workgroup of past meetings, if you want to go back and look at any of that information.

Today's meeting is largely to review, as you saw in the deck that was handed out, the review of the work of the tiger teams. Some of the teams are developing further guidance to previous recommendations that we made. Others are addressing governance issues, again, regarding the previous recommendations. As we'll hear today from one of the teams, we're actually developing—actually a couple of the teams—developing new recommendations.

Why don't we turn to the agenda page, which is slide number three? We're going to go through four tiger team presentations by the chairs and co-chairs of the tiger teams. Then we're going to hear a presentation from Doug Fridsma on where we are with core data elements, the NIEM update, and then talk about next steps.

Without further ado, let me turn it over to the verification team. Steve, are you on the call?

Steve Fletcher – State of Utah – Chief Information Officer

Yes, I'm on the call.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good. Why don't I turn it over to you, and you can take us through your slides and the work of the tiger team?

Steve Fletcher – State of Utah – Chief Information Officer

I probably ought to get some help with the discussion. I think a couple of things that we discussed, and that is the concept of getting the federal partners— Well, first, identifying all the programs that we want to be able to interface with, all of the federal programs that are going to be supplying data. Then talking about, let's get a coordinating group together that can talk about what do we need to do in order to make—to talk to these, the federal partners, and talk about how we will make that data available. I think that we had a very good discussion there.

Then the conversation went to, all right, how do states start to take advantage of this? What sort of things do we need to put into place? What states are available? What information do they need? How do they integrate that into their systems? I think this was a very good discussion.

I think we're going to set up some additional meetings in order to form that coordinating committee, as well as to try and get some additional input on what states can use and how we would be able to deploy those systems, as well as support existing systems. So I think those were very, very good discussions, and I think the team is ready to kind of go forward to look at what are our next steps in order to put an implementation in place to kind of test it and kind of see where we need to go.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Bobbie ...?

Bobbie Wilbur – Social Interest Solutions – Co-Director

Yes. Steve did a nice job of kind of giving the background, but essentially the other things that we're working on is there's a few states that have gone before to look at how to exchange data, both at the state level, as well as the federal level. One of those being Utah and Steve's eFind, which some of us have seen, but now that we're sort of deeper into the recommendation standpoint, we thought we'd bring that group in. Another group that's done some of that work is a group in Virginia, and they have a system that's called Spider. We're probably going to invite those groups in. When we do, we'll let the rest of the enrollment group know about it in case they want to join the call.

What Steve was talking about in terms of joining the groups together to do sort of a roundtable, that was really at Henry Chao's request to support him, as he's working through with the federal groups on aligning the verification Web services and interfaces to work. He would like to hear from states and others that have to consume those Web services what their expectations are, what their needs are, and making sure that he's kind of building to support them appropriately. So having a roundtable with both the federal folks and the state folks will be pretty interesting, and I think we're excited, as Steve said, about bringing that group together and kind of hearing a more definitive kind of approach and dialog between those two parties, so we're excited about that. Then, as Steve mentioned, we're doing a lot of legwork on other systems that states have identified that they would like to make sure are part of the interface, and those may come out, I'm guessing, Steve, probably as a recommendation to kind of add some additional interfaces to the recommendations that we've already supported. I think that's the bottom line on where we are with verifications.

Sam Karp – California HealthCare Foundation – Chief Program Officer

I think everyone knows that OCIO has taken over responsibility for the development of the Web services and whatever is going to emerge in terms of a verification service out of our initial recommendations and in accordance with the Affordable Care Act requirements. Bobbie, do you know if Henry's group has developed, even at this point, a high-level work plan and timeline for that work?

Bobbie Wilbur – Social Interest Solutions – Co-Director

He went over some of where they are. He's been doing, as I understand it—and Kristen, you may have more details, but as I understand it, he's been meeting with his federal counterparts and rallying the troops and kind of getting the concepts addressed from the standpoint of making sure there's the educational piece, Sam. I don't know if he's moved a work plan yet. Do you know, Kristen?

Kristen Ratcliff – ONC

Yes. He has drafted a work plan. I have received it. I'm going to review it, and then we will determine the best way to have the tiger team review that work product. So stay tuned, I would say.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good. Just to be clear, the work of the tiger team is in support of the work that OCIO is doing, both in terms of providing guidance, further clarification about our initial recommendations, and then it sounds like Steve, your team is considering further recommendations. The notes here say that you may bring forward sometime in January.

Steve Fletcher – State of Utah – Chief Information Officer

That's correct.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good. Comments from other workgroup members or members of the tiger team about the verification interfaces, the update you've heard?

Sallie Milam – State of West Virginia – Chief Privacy Officer

I'm thinking there might be a good opportunity for us to coordinate. I recall from the hearing we've heard that the various states were having some degree of challenge around, I guess, privacy issues, perhaps consent issues with drawing down data from the variety of other data sources, even in terms of knowing

what the privacy requirements might be. This might be an opportunity for us to partner with verification to help move that forward.

Sam Karp – California HealthCare Foundation – Chief Program Officer

I think that's a good idea. Kristen, I ask that you try to add that to the agenda, coordination between the two tiger teams. Sally, would it also be reasonable to ask your team to take a look at the use agreements that are being developed?

Kristen Ratcliff – ONC

Sure.

Sallie Milam – State of West Virginia – Chief Privacy Officer

Yes, I don't know that the use agreements are public yet or would be available for our consumption, but I can check on that.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Or that some point they might be, during the initial public hearing that we had with the three federal agencies, they talked about the use agreements.

Sallie Milam – State of West Virginia – Chief Privacy Officer

Yes.

Sam Karp – California HealthCare Foundation – Chief Program Officer

We've heard in the past comments, concerns raised about what type of limitations there would be on those use agreements.

Sallie Milam – State of West Virginia – Chief Privacy Officer

Yes, so the SSA use agreement is available on their Website, and that might be a good place to start. I do not believe that DHS or certainly IRS has any publicly available use agreements at this point, and I haven't heard any plans for a timeline for making that available. We could maybe start with SSA since that's already out there, sort of keeping in mind that as plans become more developed for the exchanges, the use agreement is likely to change.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes.

Kristen Ratcliff – ONC

Yes. I would caution ... spending a lot of time on the current use agreement, Sam.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Given that they may change?

Kristen Ratcliff – ONC

Yes. Henry, that's why he's meeting with those agencies, is to kind of work through how they're going to modify those. I would hate for Sally's team to kind of spend time on the existing ones.

Sam Karp – California HealthCare Foundation – Chief Program Officer

I mostly just wanted to get it on the table as an issue of concern that we've heard in the past. Whatever the appropriate timeline is for it, I think it would be something that would be worthwhile for our team to look at.

Kristen Ratcliff – ONC

Agreed, and it is fundamental to kind of informing states on how things are going to exchange, but I just think it's premature at this point.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes. Right. I think it's important for states and for consumers.

Kristen Ratcliff – ONC

Right.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Anything else on the verification update?

Tom Schankweiler – HHS – Chief Information Security Officer

Yes. I'll be heading up, I guess, the subcommittee for security and privacy on the topic of the data exchange agreements. I know that Henry has kind of given me the task to kind of look at that. One of the things I have been doing is pulling together different DAs and DUAs that cover similar types of exchanges, data exchanges, and looking at how those are set up. One of the things that will be helpful for me is to understand where the FSA DUA, if somebody can provide me a link to that.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Kristen, can you do that?

Kristen Ratcliff – ONC

Sure, I can do that.

Bobbie Wilbur – Social Interest Solutions – Co-Director

Tom, when you're looking at that, the other thing that we really need to be thoughtful about is that this exchange is going to be consumer mediated. So it has some different tenants to it, I think, than what you may have seen in some of the other exchanges, so we'll probably have to address that as well.

Terri Shaw – Children's Partnership – Deputy Director

On that note, I wanted to jump in that we have in the Consumer Engagement Tiger Team already noted the need to coordinate on exactly what Bobbie was just raising that there is a very important consumer role to play in the verification interface process. The ways in which not just the process and the choices available to the individual, but also the information that comes back is presented to the individual are going to be very important and a key part of the user experience here. So we'll want to make sure, as the verification interface develops a little bit further, we'll want to be sure to coordinate as well.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good. That's why I think it's important if there's a work plan now for us to see the work plan, and even though timing often changes on these, it will give everybody a sense about when the kinds of issues that are being raised here need to be addressed. When it's appropriate to share that with the other teams, Kristen, I assume we'll do that. Kristen, I assume we'll do that.

Let's move to the Business Rules Tiger Team update. Cris, have you joined yet? Why don't we skip business rules? Do we know if Cris is going to participate this morning, Sarah?

Sarah Nolan

Yes, I think he is. Maybe we could go ahead and move to the consumer or privacy since Bryan is leading with Terri on consumer, and he doesn't have that much time this morning.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Let's do that. Let's move to the Consumer Empowerment Tiger Team. Terri and Bryan, take it away.

Terri Shaw – Children's Partnership – Deputy Director

Bryan, do you want to lead this since you've got limited time, or you want me to take it?

Bryan Sivak – Government of D.C. – Chief Information Officer

Go for it because I might have to hop out relatively soon. I apologize.

Terri Shaw – Children’s Partnership – Deputy Director

Just jump in as needed.

Bryan Sivak – Government of D.C. – Chief Information Officer

Will do.

Terri Shaw – Children’s Partnership – Deputy Director

First of all, our group has been very busy. In fact, we are moving forward with ideas in the pipeline a little bit faster than we’ve actually been able to meet. So we’re going to talk to you about a couple updates on things that we haven’t had a chance to talk with the whole tiger team about yet, and so we’re just sort of highlighting for you that this work is happening, but conversations to be continued. I will also note that the name of our tiger team is a little bit fluid, and you’ll see it listed here as Consumer Empowerment. In a lot of other context, we refer to ourselves as the Consumer Engagement, so we’re still working at very basic levels on some aspects for our group. At any rate, we have been very busy and have initial, three initial recommendations that we want to share with all of you today to get some feedback on.

We are still working on them in the tiger team, and we hope to have these, plus a couple, at least a couple others to be ready for our January meeting. But we wanted to share the three initial ones that we have with you today and let you know that we do have two others in the pipeline, one relating to access for diverse user needs, and also access for people with limited English proficiency, for example, persons with disabilities, etc. We also have a recommendation in the pipeline relating to the need for multiple users to be supported by these interfaces, so not just applicants, but also those who would assist applicants through the process, including community-based organizations, navigators, as well as eligibility workers themselves. So we’ll have recommendations around each of those things coming in the coming month or so.

We are also grappling with a laundry list of additional issues. One of the thorniest issues that we are working on is how to develop specific recommendations on the usability issue specifically or the consumer experience. How to create some standards that will help to create that best customer experience while also allowing for lots of innovation and of necessity from variation among, for example, state implementations since there will be different programs that may be supported through these interfaces. We’re grappling with how to create some specific recommendations in this area, and we are, at the moment, considering three approaches to doing that. First of all, we are working on identifying some examples from either the eligibility field or perhaps more likely from other retail or other online experiences that can serve as examples of key attributes that we want to make sure that are addressed as states develop their online eligibility systems.

A concern there, as we do that, though, is we want to point to examples and be very explicit about what aspects of those examples are the ones that we are trying to highlight so that people don’t walk away with, get the wrong message out of the example. Also, we want to be very careful to note that while we’re giving examples of different attributes, really it’s important to take the whole, how all of these different attributes fit together into consideration in designing the final product. We want to try and strike that right balance between providing examples without that inadvertently limiting or undermining the total user experiences. That’s one thread is identifying examples.

The second one is to really focus on this aspect of the consumer usability features or the consumer experience as a prime focus of the reference application development process and testing process. We think testing is going to be very important as an iterative design and development process. Then, third, we do, on that testing note, we do think that we’ll probably want to develop some recommendations for testing, pre-implementation testing and post-implementation evaluation of this consumer experience to help develop some guidelines for states to consider as they are developing their systems to take consideration of these sorts of testing protocols or whatever standards we can develop. All of this is in very early stage.

I’ll stop there for a moment to see if anybody has any comment on just that part of the process before I then move into summarizing for you the three draft recommendations we do have.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Comments about the approaches that Terri just laid out? When you're talking about testing, you're talking largely about consumer testing and kind of like focus group testing, as well as more professional usability testing?

Terri Shaw – Children's Partnership – Deputy Director

Correct.

Sam Karp – California HealthCare Foundation – Chief Program Officer

So a combination of the two.

Terri Shaw – Children's Partnership – Deputy Director

Right, and the details, we're just starting to consider this, so I don't pretend that we have the answers there yet, but presumably it's some combination of those things, yes.

W

It's mostly about, Sam, providing states recommendations about the nature of the testing so that that doesn't get missed in the process of putting your sites together.

Terri Shaw – Children's Partnership – Deputy Director

Exactly.

Kristen Ratcliff – ONC

Yes. I just want to jump in and just sort of add the obligatory caveat that there are no current plans for a reference implementation tool, but we understand it would be very valuable, and we're undergoing further discussions about that. So throwing my two cents in there.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thanks for the clarification. Yes. Any other comments? Terri, why don't you take us through the recommendations?

Terri Shaw – Children's Partnership – Deputy Director

I will walk through these quickly. I'm not going to read the entire text of the recommendations, but there are three slides here that have the text, and we welcome any feedback on them. I should say, all three of these recommendations, the concept behind them is to take a key point from the Appendix A material that we had put together with our first round of recommendations and really convert some of those into actual recommendations so that they can become standards. As it stands now, they're kind of context for all of the work to be done, but they aren't, for the most part, embodied as recommendations, so this is our attempt to make that switch and formalize the material that was in the appendix.

In that vein then, the first recommendation is really about defining what consumer usability is, and making clear the points that we are looking for the best features of consumer usability here and that that needs to be a focus of the design and development process. The second recommendation is actually highly related to the privacy and security point, or privacy point, and gets at the notion that we actually touched on earlier, that there needs to be a consumer mediated approach to the design and development process. Meaning that to the extent practicable, we want the individuals themselves to have these tools support them in understanding the choices available to them and being able to make those choices and direct the use and reuse of their information. That's the thrust of the second recommendation.

Then the third one has to do with the, if you will, multiple channels, multiple formats kind of approach that we want these systems to have where all systems are able to support the user being able to get to coverage in the manner that is appropriate for them, and that may change over time. So an individual may start with an online application and, for whatever reason, need assistance at a different site, and that information should be able to travel with them, be available at the different site, and/or be able to be converted into other formats. That, through that entire process, this online system should be able to

support the individual through all those different ways that they may want to go through the application and enrollment, including retention and transition processes. That's the thrust of the third recommendation.

Again, the actual wording is available in the slide deck, and we do welcome feedback on those. I'll pause there for any questions or comments.

Sallie Milam – State of West Virginia – Chief Privacy Officer

I've got a question about the second recommendation that towards the end you've got a statement about the consumer having the authority to make choices, direct the use and reuse. I'm just wondering whether we might need to temper that because of various laws that would govern governmental, at the federal and state levels, use of information that's beyond consumer control.

Terri Shaw – Children's Partnership – Deputy Director

Yes. I think that's where the end phrase of to the extent practicable comes in is intended to get at just that notion, but I agree with you that we need to be clear on that distinction. That this isn't intended, for example, to override the privacy recommendations that this group has come up with nor alter existing law in any way. Is that what you were getting at?

Sallie Milam – State of West Virginia – Chief Privacy Officer

Yes, it is, and I know that when we've dealt with this issue at a state level ... for example in child protective services, and in other agencies with investigatory powers are very sensitive and, at least with us always request some more explicit reference for a comfort level.

Terri Shaw – Children's Partnership – Deputy Director

Yes. I think, again, because what we're attempting to do here is to capture at a high level the concepts that form the context for our recommendation or our initial round of recommendations, now standards, is we were trying to then capture here the notion that where it is possible and appropriate to have the consumer be at the center of those decisions, we should be building systems that promote that ability.

W

... because I agree with Sally. Sometimes what happens is states use the ... as a way to say no, if that makes any sense. So maybe what we could do is, for now, leave it like we have it, but then indicate that there will be additional guidance to states on where those lines get drawn in terms of things they can do and things they can't do, which may come in the form of appendices, updates, or other kinds of things. We just don't want states to be in a position to say, can't get there from here.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes. Other comments specifically about the recommendations?

Kristen Ratcliff – ONC

I have a question just to pose. I posed this to the tiger team, but would be interested in hearing the larger group's thoughts on the recommendations specifically around consumer mediation. I don't know if this might have been what Sally was also getting at, but our previous recommendation 5.1 sort of called for a consumer mediated approach without saying the words, "States must use a consumer mediated approach." One of the proposed recommendations takes it a step further and makes it more explicit. There was some disagreement on the tiger team call about whether or not a separate recommendation is needed given the standards that we've already put forth. So I'd be interested in hearing what the larger group thinks about that. Does anyone have any thoughts?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Kristen, would you just briefly, since you probably have it at your fingertips, remind everyone what 5.1 said.

Kristen Ratcliff – ONC

Recommendation 5.1 was the recommendation saying that consumers should have access to and control over their own information to the extent practicable and should be—I'm using the general paraphrasing here, but—and should be able to use that information, as they see fit, to apply for multiple programs.

Sam Karp – California HealthCare Foundation – Chief Program Officer

And to reuse it, to reapply, etc., and also to provide third party proxy access.

Kristen Ratcliff – ONC

Yes. Exactly, and that they should have the ability to update the information if state law allows basically.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Terri, can you talk us through the discussion that your workgroup had about this?

Terri Shaw – Children's Partnership – Deputy Director

I think part of the issue here was, and others please chime in, but I think part of the issue here is to get beyond the notion that this is just about information control in a privacy, sort of classic privacy framework. It was also about other forms of choices and options that the individual may have that we want to make sure that the eligibility system presents that information about the choices that are available and allows the individual, supports the individual in making informed choices among those options in a variety of context, including, but not limited to, privacy issues. For example, there are any number of different options that the individual is going to be presented with throughout the application enrollment, renewal, etc. processes. So we want to make sure that this concept of putting the consumer at the front and center of understanding what those options are and supporting them and making choices among them is something that we wanted to sort of carry throughout the design, not limited to the privacy context.

Bryan Sivak – Government of D.C. – Chief Information Officer

Yes, and just to add to that, I think that the real critical component that we're trying to cover through all of these recommendations is really the idea of user experience making it through the whole design process. A lot of this stuff can, I think, be designed in a way that's very confusing or very clear, and we want to steer towards the very clear in every case.

Sam Karp – California HealthCare Foundation – Chief Program Officer

That's helpful. Other comments, questions? Let me say something more generally about recommendations at this point, and I'm going to ask staff to help us coordinate with our colleagues at OCIO and CMS about this. In our first round of deliberations and recommendations development, we had a really clear timeframe that we were shooting for, given the scheduling that was established in the Affordable Care Act for the secretary, the issue of standards and protocols. We don't have that kind of clear guidance today, and what I'm hearing so far from the tiger teams is the development of recommendations, in some cases just clarification. But it would be good to work with OCIO and CMS to figure out what's the right timeframe. I think probably we would all agree that we would want to present a set of recommendations at one time rather than piecemeal them in so that there can be a review process. I assume, Kristen, we need to go through the policy and technical committees again with any recommendations.

Kristen Ratcliff – ONC

Yes. Sam, let me jump in. We've communicated to the tiger teams, and I think the tiger teams have structured their work around a sort of two-track process. There's some work that can be accomplished in the short-term, and we are aiming to get recommendations, any recommendations on the short-term items, near-term items to the policy and standards committee by the January meeting, which the policy committee will be on January 5th. The standards will be on January 12th. That is so we can facilitate and assist OCIO and CMS, as they move towards, particularly OCIO as OCIO moves towards awards of the exchange, FOA, cooperative agreements in February, so we would need to have any near-term recommendations available in the beginning of February to assist in that process. Then there's also a second track, which I think all of the tiger teams have addressed and identified issues that are on a longer trajectory, and those will be sort of operating on a March/April timeframe, so just to jump in.

Sam Karp – California HealthCare Foundation – Chief Program Officer

No, that's good. That's helpful, and I just wanted everyone to have a sense of the kind of timeframe that we're working on for these.

Kristen Ratcliff – ONC

Yes.

Sam Karp – California HealthCare Foundation – Chief Program Officer

It sounds like people do.

Kristen Ratcliff – ONC

Sounds good.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Any other comments, Terri or Bryan, any other feedback from people? Are we on the right track here? Let's move on. I think being more explicit from my own perspective is going to be important, particularly important for state implementation efforts.

Terri Shaw – Children's Partnership – Deputy Director

Sorry. Just to be clear on that point, what the workgroup has developed as a conceptual work plan is really a two-track approach where we are first trying to capture these sort of high level concepts, as I said, pulling mostly from Appendix A. In the meantime, we will continue to dig deeper to have more detailed recommendations, as we move along, but we were just trying to capture at least the core concepts first and then add the detail over time.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good. That's helpful. We got a note from Cris Ross that he's stuck in traffic and hopes to join us in the next 15 or 20 minutes. Sally, since you're on the call, why don't you take us through the Privacy and Security TT update?

Sallie Milam – State of West Virginia – Chief Privacy Officer

Sure. We met on November 16th, and really sort of digested a lot of the commentary we heard at the hearing. We heard a lot of interest from the folks at our hearing in getting a better understanding how to manage various privacy concerns, how to approach receiving data from a variety of sources, wondering if many of the federal data sources have specific privacy requirements. We also discussed next steps in security. Since that time, staff have been working on ... the security rule in NIST and for our next tiger team call, we have a set of security standards to review with the subcommittee and to work toward the recommendations.

From our discussion on the 16th, we also have a number of areas for possible work around concern and development of a federal privacy requirements matrix, if you will. But given a number of comments that we had on that call and our own awareness of a lot of other work that's taking place within the HIT Policy Committee Privacy and Security Tiger Team, we didn't want to duplicate. So we've asked staff to help bring to us experts and leadership who is doing that other work from the policy committee to help us understand exactly what they're covering. We need to match that up against the need for privacy guidance that we heard so that we can figure out exactly what our sweet spot is. That's where we are right now. We need to have another call probably before the end of the year.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Comments to Sally, questions? Thanks, Sally.

Sallie Milam – State of West Virginia – Chief Privacy Officer

You're welcome.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Is Doug on the call?

Kristen Ratcliff – ONC

He's not going to be able to join until about noon.

Sam Karp – California HealthCare Foundation – Chief Program Officer

About noon, okay, why don't we move back to the Business Rules TT? I understand, Walt, you're on the call. Can you do the update for us?

Walt Sedlazeck – Curam

Yes. Sure, Sam. I'm filling in for Ronan, everybody, and I guess since Cris is sitting in traffic somewhere. I won't read the slide verbatim. I'll add a little bit of color commentary. But as the first bullet highlights, a lot of the work that the group has been doing is about exploring a governance structure and a focus on what the entity might be and a process for managing the rules. When we looked at rules, we looked at both as a repository for the various types of business rules that would occur in an enrollment and eligibility system, as well as the recognition that they need to be managed for multiple programs.

The slide also highlights that another area of work is looking at standards for expression of rules. The example here is an industry standard, and we've got some feedback from vendors, which is kind of the next bullet around eight possible standards. This is more focused on machine-readable kind of rules. There's also a need to express rules in a way that is understandable, not only between systems, but also for humans, whether they're in the development and testing of rules, or in consumers in trying to understand what system decisions have been made. Again, kind of the key focus is on, in the near term here around a process and an entity that could manage the classification, the contributions, and the collaboration around different rule sets.

The second bullet highlights some validation from some major rules vendors out in the industry, and I think the overall summary is good here that there was a validation that the recommendations are going in the right direction. I think there were two different areas of emphasis. One, again, as I highlighted before around, it's critically important to have a way of understanding the rules in a format that everybody can use, again, going back to that idea of collaboration in a repository that could help all stakeholders in the process.

Another kind of key takeaway was that there needed to be separation of the rules from the general transaction system, and not necessarily specific technologies, but kind of an architectural recommendation so that it would be straightforward to apply the range of technology solutions, whether old or new, emerging or kind of popular industry tools to apply business rules. That was a critical takeaway. The vendors also highlighted the need or kind of the intersection, which I think we've identified and maybe the different tiger teams of the intersection of rules and data in process. So that as we look at classifying rules and having collaboration around them, we need to understand the context of the information that the rules were using, as well as the particular decision within a business process step as it goes.

Then the last bullet is some of the very specific kind of case study or examples of different entities and governance processes that are out there, both kind of industry and maybe kind of near and dear to everybody here as far as the NIN, HIT Governance Group goes. These are all kind of very valuable insights into thinking about best ways to understand who our stakeholders are contributing, what are kind of simpler or more obvious processes to governance, and then also, based on regulation and law, how should we be thinking about the governance. I'll take a breath there, that was kind of my version of a summary, and leave it to other tiger team folks to pitch in as well.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good. Thanks, Walt. Anybody from the team want to add anything to Walt's overview, or question from workgroup members?

Kristen Ratcliff – ONC

I will just add that as we're looking into the governance issues, we had a tiger team call a little earlier today, and one of the things that I think we're going to struggle with is the level of specificity that's appropriate for the recommendations. We've heard some feedback that high level will be better, and maybe less controversial, but I think that there's also somewhat of a desire, and at least the case studies that we looked at were very specific. So I think that's going to be one thing that we'll need to tackle in the near future.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Is one of the tension points around that how many different types of systems exist out there in the world?

Kristen Ratcliff – ONC

I don't know. We haven't. Walt, maybe you want to jump in there. We didn't necessarily talk about that because I think the concept of at least governance right now is kind of grounded in the business rules repository, and there's an idea that there could be one business rules repository, so sort of the process that states. There could be 50 processes for states. There probably are 50 processes for states to develop their business rules, but there could be, if there's one repository, one process for putting those rules in the repository. I don't know. I mean, I think that's probably still an open question.

Walt Sedlazeck – Curam

I agree with Kristen. I think the tension is around how specific can we be on the entity and the process for general guidance around how you enable that community of collaboration around rules. I think there was a lot of reinforcement from the vendor community around what is critical is the standards for being able to have an input into that process, I guess. In addition to that specificity question, I think the recommendation on another side of specificity is not necessarily the rules themselves, but can we point to recognize recommended standards that address rules. Because it's a little bit different than maybe some of the other standards out there that we're maybe more familiar with, as it relates to the exchange of information or the movement of information.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Has there been discussion at the tiger team that follows up our initial set of recommendations where we talked about expressing the rules? I think the language we used was human readable or understandable. Have you talked at all about how we might produce that type of a result out of a more standardized expression?

Walt Sedlazeck – Curam

So far, Sam, a lot of the work had been kind of as stated on the first bullet. A lot of it has been on the governance process.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes.

Walt Sedlazeck – Curam

I don't think there's a question around both a human readable and machine-readable view. I think one of the steps is to look at what are the accepted standards out there so that we can get to both of those, and there are existing standards out there. I think we'll have to get some input and some views from what is out there and what seems to have some acceptance and kind of also meets the overall goals of what we're working towards.

Kristen Ratcliff – ONC

The other thing that we touched on and still remains an open question is sort of role roles all of the stakeholders will play and who are all of the stakeholders. Clearly, the federal government and the state governments, to some extent, are stakeholders in this, so there's also a question of what role does private industry play? What's the division of roles between all of the stakeholders? Should it be primarily a federal function, federal governance process at the beginning and then transition to the states? Should it be equal, but the roles divided in a certain way? What should it look like, and what role should the

stakeholders play is something that I think we're just getting to and just beginning to discuss. If anyone has any thoughts on that, I'd be interested in hearing that as well.

Sam Karp – California HealthCare Foundation – Chief Program Officer

The federal government is going to need to develop, and I know they're talking about developing magi rules, and those rules that they develop for the federal exchange I suspect will be identical to the rules that all states will have to use, at least for that particular purpose. That will be a standardized expression of that rule across the country.

Kristen Ratcliff – ONC

Yes.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Is that the right understanding?

Kristen Ratcliff – ONC

I would not want to speak on behalf of OCIO, but I think that that's at least one interpretation.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes.

Kristen Ratcliff – ONC

So one possibility.

Walt Sedlazeck – Curam

That would be one of many different possible examples in the system, as you go from kind of screening for what you might be eligible for to what data you need to collect and verify, to the final eligibility determination and rules around how the information is collected and used, and your application get used. There's just layers and layers and layers of rules potentially, Sam.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes.

Walt Sedlazeck – Curam

I think that's why, kind of going back to one identify – having a recognition that there is a lot of value in a process and an entity that can help clarify where those rules are and how they ought to be expressed for both humans and machines, it's kind of where the direction is.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Any last comments on the business rules? Good. Has Doug joined yet? I guess not.

Kristen Ratcliff – ONC

He has not joined. He will be joining shortly. I think he's going to step out of the meeting he's in so he can join us, but I can give a little bit of an update. Doug is going to give an update, assuming he can join us, of the work that's going on at the department level and even across departments to begin to think about how NIEM could apply in the health domain. I think we heard a lot of feedback from our November meeting from both the vendors in the states strongly in support of NIEM.

As far as specific core data elements go, I will say that we've put that on a little bit of a hold right now until we are able to have some of these department level conversations and other conversations to determine sort of the future of NIEM: What the process will be. How quickly or not quickly the process is going to go to sort of bring NIEM to the health domain. We are looking at different options for doing that core data work internally, and might be reaching out to some of you to help us identify the next set of data elements. I think we have a few data elements, but might be looking for additional input there. I think Walt especially, I think you've expressed before that you guys have done some work in this area that could help guide us along the way there.

Walt Sedlazeck – Curam

Absolutely, Kristen. We can share what we learned and kind of looking at about 35, 36 states.

Kristen Ratcliff – ONC

Yes. We're going to work on that. It's not on the near term list of things to accomplish, but certainly additional work on the core data elements is probably on the longer, March to April timeframe. I don't know. Doug, have you joined yet? No, Doug has not joined yet. That's kind of where we're at. I was hoping we could get a more in depth update from him, but given that we've moved quickly, I don't think it's going to be possible unless he joins in the next few minutes.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Any comments from workgroup members about the NIEM process that Kristen talked about where we are, I think it was important, as Kristen mentioned, that we heard at the public hearing, both from the vendors and Medicaid directors, plus generally the feedback that we've received that standards are good. NIEM standards seem like a reasonable approach. We've actually not heard any opposition to moving towards a NIEM standard, reminding everyone that what we talked about as part of our and was part of our initial recommendation was that we not go in and change existing systems, but that any time data is moved between systems like these core data elements that the NIEM standard would be used.

We have moved a lot faster than we had thought we would, and the idea today was to provide just an update from each of the tiger teams on where we are and get some initial feedback. Let's move to slide 17, which is our next steps. We have a couple of tiger team next meetings either scheduled or to be scheduled, and we had talked about a full tiger team meeting in January. Then, Kristen, I see you've listed the HIT Policy and Standards Committee meetings in January.

Kristen Ratcliff – ONC

Yes.

Sam Karp – California HealthCare Foundation – Chief Program Officer

The question I would raise, based on your earlier comments, Kristen, are we going to be ready to present recommendations on the 5th and the 12th?

Kristen Ratcliff – ONC

You know I'm not sure.

Sam Karp – California HealthCare Foundation – Chief Program Officer

It seems like a push.

Kristen Ratcliff – ONC

Yes. There's a lot of work going on in the tiger teams. I think all of the tiger teams will probably meet at least once again before sort of we break for the year. We would need to schedule and present any recommendations to the full Enrollment Workgroup prior to the January 5th meeting, so we would need to have one pretty quickly, the 3rd or the 4th.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes, why don't we try to determine in the next week whether or not we can actually meet that timeframe? I know people's schedules are filling up pretty quickly for the beginning of the year, and I think we would all feel more comfortable if a set of recommendations were going to come before the full workgroup that we had plenty of time to talk about them and vet them and so on. So let's try to make that determination and then establish a schedule for doing so if we can't meet the January dates.

Kristen Ratcliff – ONC

Sounds good, and not to derail us, but Doug is actually on now, so if we want to get an update.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good. I'd like to hear more of an update. Doug, welcome. Sorry for the change in schedule.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

Not a problem.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Kristen gave us a high level overview of kind of where you're moving to, but why don't you fill in for us?

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

I apologize for being a bit late coming on, so I'll have to catch up with discussions in the meeting. I'm sure that Kristen has sort of outlined where we are in the process in terms of having the initial set of recommendations being presented to the secretary and selected, and that there is a significant amount of work that still needs to be done. I think one of the things that we've done, however, is that we've been trying to put into place the infrastructure that we need to help support using the NIEM process to develop some interoperability specifications and standards.

I think it's important to note that HHS, as a whole, is more actively engaging the NIEM community and has now, through the representation of John Teeter, within the Office of the CIO, has become a member of the leadership council within NIEM. I think that will provide us a mechanism to be certain that not only can we leverage the things that are important within the NIEM process and support the work of the Enrollment Workgroup. But also to make sure that the needs—and if there are special requirements that are necessary from healthcare—are conveyed back through the NIEM process and to help support that.

We've also had some interactions with the HIT Standards Committee. Since we are going to be using NIEM as part of our harmonization processes and the ability to generate these interoperability specifications or IVTDs, we've been working very closely with the HIT Standards Committee to see what are the things that they would recommend. What are the principles that we need to apply, as we begin looking at the initiatives that need to be moved forward within the standards and interoperability framework? We anticipate some discussions that will be occurring within the HIT Standards Committee over the course of the next month or so just to get some input into the kinds of things that we should be working on.

I think there's also work not only with the standards in the business rules that will need to be addressed, and I think there is going to be their interplay between the business rules and the standards that we use. So that's work I think that will need to be closely coordinated. We anticipate that we've got the standards interoperability framework stood up. We have our contracts in place. We have the beginnings of how we are going to prioritize and begin some of the work on that, and I'll look to this group and to the HIT Standards Committee and others to help us make sure that we're achieving our priorities correctly.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thanks, Doug. Questions for Doug? Doug, is it fair to say that there's kind of growth or certainly growing interest in using NIEM in the health and human services world across states as well?

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

Yes. I think one of the things that we have heard through some of these interactions is that many of the states already, particularly in the human services area, have a great deal of familiarity with NIEM and find that a good way to exchange information or at least to be able to get to the standards for exchange. I think that was one of the pieces that are compelling to use that particular process. I think the thing that will be interesting, as we go forward, is that much of the work that's gone on with NIEM has been in organizations and around data that doesn't have existing standards for them. So we will be bringing to the table, I think, within the NIEM process and ... a lot of new requirements and a lot of new work that will need to extend the model. I think both the NIEM community is looking forward to that. They're looking to see how we can bring this to the next level. I think we'll need some of those features to be able to properly develop the standards and to exchange information within the healthcare domain.

Sam Karp – California HealthCare Foundation – Chief Program Officer

I saw an announcement that you were a part of, I guess it was last month, about the administration for children and families adopting NIEM.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

Yes. That's actually been something that has been in the works for a while. When we think about HHS, we have health and human services. There has already been a tremendous amount of activity on the human services side of the organization. I think, bringing in and merging in the needs that we have for health are going to be an important kind of next step with all of this.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes. It certainly helps underscore the support that we heard from the IT vendors that operate both in the health and human services side.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

Exactly.

Sam Karp – California HealthCare Foundation – Chief Program Officer

So that's helpful. Good. Workgroup members, questions for Doug? Doug, Kristen mentioned potentially a somewhat delayed timeframe or not delayed, but putting the core data elements not moving forward with them immediately. Do you have a rough timeframe for finishing that work?

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

I think a lot of it will depend on some of the other priority work that we have. Clearly, this is something that we need to continue to push on, and I think we will get more clarity, as we flush out some of the other aspects, including business rules and those sorts of activities. I don't have a good sense for exactly what the timeframes are going to be.

Sam Karp – California HealthCare Foundation – Chief Program Officer

We heard from Kristen that OCIO has produced a first work plan for the development of the verification interfaces, and I would assume that since core data elements are key to that, that we'll be on schedule to comply with their work plan.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

Yes, I think so.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes. Good. Any other business as a workgroup? We covered everything, Kristen?

Kristen Ratcliff – ONC

Yes, I think so. A lot of work has been done. I think we're definitely underway and making recommendations and gathering information. I think this second phase has been much more research intensive, much more about sort of gathering a more in depth sort of knowledge in some of these areas, so I think I would thank the workgroup members for all the work that they've done and have been helping us gather that information.

Sam Karp – California HealthCare Foundation – Chief Program Officer

I concur. Knowing that there's a lot of activity in the states currently, initially in developing applications for the innovation grants that OCIO was put out under the FOA for this cooperative agreement that Kristen mentioned, which are due the 22nd of December, and then following on that in February or March, there will be the rest of the states submitting applications. So tying up this set of guidance workaround governance and additional recommendations is going to important to that process.

The other thing I think that we ought to be taking a look at is that when the applications are submitted to OCIO for these innovation grants for the exchanges, it will be the first real opportunity for states to submit how they're going to meet the 1561 recommendations. I suggested to Kristen earlier that it might be helpful to work with OCIO after they've seen what the states have submitted. It may give us some greater

insight into the kind of clarification that we may need to provide to states about what's involved in meeting the 1561 standard. That's something that we'll be taking a look at down the road. Anything else?

Then, Judy, why don't I ask you to open up for public comment?

Coordinator

We do not have any comments at this time.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thanks, everyone, for your participation this morning, and we will be back in touch with respect to a January meeting and whether or not we think we can meet these early January dates for completion of the next set of recommendations. Have a great holiday season, if we don't talk beforehand. Thanks.

Kristen Ratcliff – ONC

Thanks, everyone.